



JABSOM OIT REQUEST FORM

INSTRUCTIONS: Fields must be type filled using Adobe Acrobat Reader and completed by the primary department administrator. Hold mouse over field for additional instructions. Obtain all signatures before submitting to the Office of Information Technology. Completed forms can be fax to (808) 692-1267 or e-mail to jabsom-helpdesk@lists.hawaii.edu.

Incomplete forms will not be processed.

APPLICANT

NEW EMPLOYEE **ADD or CHANGE** **TERMINATION** **DATE**

LAST NAME

FIRST NAME **MI**

E-MAIL

PHONE

EMPLOYER

START DATE **END DATE**

DEPARTMENT

CLASSIFICATION

DETAILS OF REQUESTED ADD OR CHANGE

MOVING FROM
(Current Location)

BUILDING

OFFICE #

MOVING TO
(New Location)

BUILDING

OFFICE #

NETWORK ACCESS

- Domain Account/Dept. Shares Drive
- Network Access (802.1x)
- JABSOM Staff SSID (with IT approval)

TELEPHONE

SERVICE TYPE

VOICEMAIL

JACK LABEL #

COMMENTS or SPECIAL INSTRUCTIONS

By signing this request, you are accepting responsibility for the supervision of the applicant and any actions he/she engages in while employed, assisting, or similarly conducting work associated with the Dept./Program named above. The supervisor and/or department chair acknowledges that they must inform OIT of any changes to the employees employment status.

1. SUPERVISOR/PI (If applicable)

PHONE

2. DEPT. CHAIR (or designated signing authority)

PHONE

sign here

DATE

sign here

DATE

UH IT Resources, Policies, and Guidelines

- JABSOM OIT - <http://oit.jabsom.hawaii.edu/>
- UH Username - <https://www.hawaii.edu/username/>
- Use and Management of Information Technology Resources (E2.210) - <http://www.hawaii.edu/policy/ep2.210>
- Security and Protection of Sensitive Information (E2.214) - <http://www.hawaii.edu/policy/ep2.214>
- UH Information Security Awareness Training - <http://www.hawaii.edu/infosec/training.html>
- File Sharing Information - <http://www.hawaii.edu/its/filesharing/>
- University of Hawaii Acknowledgements and Certifications (ACER, GCN) - <https://www.hawaii.edu/its/acer/>

TERMS OF USE

By signing below, the applicant acknowledges that he/she has read, understands, and agrees to comply with the terms and conditions of this statement in its entirety and accept responsibility to be bound by these terms of use. The applicant acknowledges that he/she will not give out or share their password for network access. Applicant acknowledges awareness of **University Policies E2.210 and E2.214** (hawaii.edu/infosec/policies.html).

Applicant's Name

Applicant's signature

DATE